

Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

September 27, 2021
10am-12pm

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|----|-------|---|--|
| 1. | 10:00 | Call to Order | Devon Green and Erin Maguire, Co-Chairs |
| 2. | 10:05 | Roll Call Establish Quorum Approve Previous Minutes | Zack Goss, Health Care Training and Communication Manager (Department of Vermont Health Access, "DVHA") |
| 3. | 10:15 | Home- and Community-Based Services: Update on the Federal Medical Assistance Percentage (FMAP) 10% Increase Opportunity. | Wendy Trafton, Deputy Director, Health Care Reform, Office of Health Care Reform (Agency of Human Services) |
| 4. | 10:30 | Committee Discussion: Home- and Community-Based Services Update | Committee Member Discussion |
| 5. | 11:00 | Commissioner's Office Update | Addie Strumolo, Acting Commissioner (DVHA) Sandi Hoffman, Deputy Commissioner (DVHA) Nissa James, Health Care Director |
| 6. | 11:15 | Committee Discussion: Budget Priorities Letter | Devon Green and Erin Maguire, Co-Chairs |
| 7. | 11:45 | Public Comment | Devon Green and Erin Maguire, Co-Chairs |
| 8. | 11:50 | Final Committee Discussion | Devon Green and Erin Maguire, Co-Chairs |
| 9. | 12:00 | Adjourn | Devon Green and Erin Maguire, Co-Chairs |

Roll Call, Quorum, July 26, 2021 Meeting Minutes

Zack Goss, Health Care Training and Communication Manager (DVHA)

Home- and Community-Based Services: Update on the Federal Medical Assistance Percentage (FMAP) 10% Increase Opportunity

Wendy Trafton, Deputy Director, Health Care Reform, Office of Health Care Reform (AHS)

Section 9817 of the American Rescue Plan: State Proposal to Enhance, Expand or Strengthen HCBS under the Medicaid Program

Medicaid and Exchange Advisory Committee

September 27, 2021

Program Overview

- ▶ Section 9817 of the American Rescue Plan Act provides states with a 10% federal medical assistance percentage (FMAP) increase for Medicaid home and community-based services (HCBS) for activities to enhance, expand, or strengthen HCBS.
- ▶ HCBS is defined broadly within Centers for Medicare and Medicaid Services (CMS) Guidance.
- ▶ **Estimated projections** indicate Vermont will claim over \$65M in funds attributable to the increase in FMAP which will be employed as the state share to implement approved activities valued at \$161.9M.
- ▶ Time periods
 - ▶ Increased FMAP is for expenditures occurring between 4/1/21 and 3/31/22
 - ▶ Funding may be used through 3/31/24

HCBS Services

| State Plan Services | HCBS Authorized under 1115 waiver |
|---|---|
| <ul style="list-style-type: none"> • Home Health Care • Personal Care Services • Case Management • School Based Services • Rehabilitative Services • Private Duty Nursing | <ul style="list-style-type: none"> • Brain Injury Program • Developmental Disability Services • Choices for Care Highest/High (excludes skilled nursing facilities) • Choices for Care Moderate Needs (for participants who are Medicaid-eligible only) • Community Rehabilitation and Treatment (CRT) (for participants who are Medicaid-eligible only) • Children’s Mental Health |

HCBS Spending Plan Overview

- States were required to submit an initial HCBS Spending Plan and narrative for CMS approval
 - Funding may only be used on activities that are in the HCBS Spending Plan and are approved by CMS
 - Plans may be modified during the quarterly reporting process
- Vermont's [Initial HCBS Spending Plan](#) received partial approval
 - CMS indicated that Vermont qualifies for the temporary 10 percentage point FMAP increase
 - CMS asked clarifying questions to ensure the mental health-related and permanent supportive housing activities were focused on allowable HCB services and populations

Focus on One-Time Investments

- The initial HCBS Spending Plan has a strong emphasis on one-time, transformational investments to minimize ongoing sustainability concerns while strengthening the HCBS system such as:
 - Supporting the availability of high-performing providers,
 - Furthering care integration across the care continuum including SDOH,
 - Promoting value-based purchasing within HCBS programs, and
 - Developing infrastructure and systems to support program improvement and population health management.
- The emphasis on one-time investments reflects concerns about ongoing budget pressures as well as CMS requirements to include a sustainability plan

Initial Spending Plan Details

| Funding Category | Activity | Funding Amount |
|--|--|----------------|
| Improve Services | New and/or Additional Services | \$20,000,000 |
| | Increase Payment Rates | \$47,125,799 |
| | Strengthen Assessment and Person-Centered Planning Processes | \$4,000,000 |
| | Address COVID-19 related concerns | \$5,000,000 |
| Promote a high-performing and stable workforce | Training | \$5,000,000 |
| | Recruitment and Retention | \$10,000,000 |
| Utilize Systems and Data to Improve Care, Promote Value-Based Payment Models and Support Program Oversight | Quality Improvement | \$17,000,000 |
| | Use of Technology and Cross-system Data Integration Efforts | \$35,000,000 |
| | Improve Care Coordination and Care Management | \$5,764,769 |
| | Address Social Determinants of Health (SDOH) | \$10,000,000 |
| | Administration of Activities | \$3,000,000 |

Stakeholder Engagement

- Public hearing and public comment period on the initial HCBS Spending Plan
 - The Agency of Human Services (AHS) held a public forum and received 65 written comments with more than 125 ideas and suggestions for using the funding
 - Cross-department workgroup is reviewing all comments to inform HCBS Spending Plan revisions
- AHS intends to use program funding to hire a contractor to develop and implement stakeholder engagement that is accessible and meaningful for people with HCBS needs and their families
 - This scope of work will inform the longer-term stakeholder engagement strategy that will include further refinements to the spending plan and developing implementation strategies.

Public Comment Themes – Individual and Family

Independent Direct Support Providers

- **Funding to address workforce issues** such as wages, benefits, training, and recruitment (centralized database and public awareness)
- **Allow family members to provide services**

Other Individual and Family Supports

- **Provide additional supports for individuals and families** such as peer navigators; day programs; support for DeafBlind individuals; home modifications; and one-time costs for activities, infrastructure, job start-ups.
- **Support participation on advisory committees**

Housing and Transportation

- **Funding to address need for additional housing options for adults with disabilities**
- **Capital costs** for purchasing or developing housing
- Funding to **purchase vans and/or provide transportation**

Organizations

- **Support Brain Injury Association**

Public Comment Themes – Providers and Organizations

- **New and/or Additional Services** (wide range of suggestions such as housing options, transportation, and technologies to increase independence)
- **Quality Improvement** through capital improvement/investment grants, stakeholder engagement, cultural and linguistic competence, technology that allows individuals to manage their care, use of an equity lens
- **Strengthen Assessment and Person-Centered Planning** through trainings for providers and individuals/families, avoidance of conflict of interest, development of accessible documents and videos
- **Recruitment and retention** activities such as provider funding opportunities and strategy development
- **Use of Technology and Cross-system Data Integration Efforts** including provider investments in technology, design and planning; staff training and supports for hybrid workforce; and connecting to the VHIE
- **Payment rate** changes across a broader set of HCBS providers and direct care workers
- **Training** including developing a training plan and direct funding for a wide range of topics
- **Improve Care Coordination and Care Management** through community-based care coordination and longitudinal care program at the ACO, innovation grants, and implementation of 988.
- **Address COVID-19-related concerns** through PPE, emergency preparedness, and workforce strategies

- October Quarterly Report
- Receipt of funding
 - AHS anticipates receiving initial funding following the October quarterly submission pending CMS completion of the reporting portal
- Federal authorities
 - AHS is continuing to explore strategies to hold this funding harmless from the budget neutrality cap within the Medicaid Section 1115 Waiver

Committee Discussion: Home- and Community-Based Services Update

Committee Member Discussion

Commissioner's Office Update

Addie Strumolo, Acting Commissioner (DVHA)

Sandi Hoffman, Deputy Commissioner (DVHA)

Nissa James, Health Care Director (DVHA)

Department of Vermont Health Access (DVHA) Leadership Update

Nissa James, Health Care Director (DVHA)

Committee Discussion: Budget Priorities Letter

Devon Green and Erin Maguire, Co-Chairs

Public Comment & Final Committee Discussion

Adjourn

Devon Green and Erin Maguire, Co-Chairs